Form 1209 10M. 9-29-13

CHICAGO & NORTH-WESTERN RAILWAY COMPANY.

INSTRUCTIONS.—All applications for employment as agents, operators, station baggagemen, engineers, firemen, engine despatchers, conductors, brakemen, train baggagemen, yardmasters, assistant yardmasters, switchmen, switch tenders, signal men, towermen, yard flagmen, bridge tenders, flagmen, gatemen, section foremen, railroad crossing flagmen bridge foremen, watchmen, and such other employes as may be designated by the Division Superintendent or Master Mechanic, must be made by the applicant himself, in duplicate, on this blank, and sworn to before a notary public. The applicant will then report to the Company's Surgeon to have his sight and hearing tested, and when position applied for is in the engine, train or switching service, for a physical examination also. *Surgeons making such tests and examinations will report result of same in proper place on this blank, sending one report to the Division Superintendent or Master Mechanic, and the other to the Chief Surgeon.* A fee of one dollar will be charged for making such examinations, and the same will be paid by the Company, unless the applicant is accepted as an employe, in which case the amount of the fee will be deducted from his wages.

NOTE.—When this Application Blank is properly filled out and sworn to, the applicant may be allowed to enter the service **ON PROBATION**, provided there is need for his services, and he has passed a satisfactory examination, but it must be distinctly understood that before he can be considered an **ACCEPTED** employe, the written approval of the Superintendent or Master Mechanic must be obtained.

APPLICATION FOR SITUATION AS Agent & Operator DIVISION Southern Illinois

1. *Name in full* Elliott H. Lane

2. *Date of birth* Sept 6th 1869 *Place of birth* Freehold N. J.

3. *Name of wife, if living (if unmarried, so state)* Emma M Lane

Residence Normandy Wells
(City, street and number)

4. *Name of father and mother, if living* Gilbert Lane — mother not living

Residence Rochelle Ills
(City, street and number.)

5. *If unmarried and parents are not living, name and address of nearest relative* Married

6. *Names and address of any persons dependent on you for support or to whose support you are contributing* Wife and 3 children

7. *By whom employed at present?* C&NW Ry Co *Where?* Normandy Wells

No. ..... *Street* ....., *Town or City* ....., *State of* Wells

In what capacity are you employed? Agent and Operator

8. *Why did you leave your last place?* My last place was school. Got through. Have worked for C&NW Ry Co for past 20 years

9. *State what railroad experience you have had, giving names of roads, in what capacity employed, length of service on each road. If you have not previously been employed by a railroad company, state by whom and when and where you were employed. (Applicant must here give his history for last five years beginning with his position of five years ago and giving each year in regular order down to date.)*

Name of Railroad or other Employer.	Town or City at which Employed.	Name of State.	Name and present address of Employer.	What was your Occupation.	Date you entered their service.	Date you left their service.
C&NW Ry Co	Normandy	Wells	C&NW Ry Co	Agent & Oper	April 15th 1893	Still in their Service

10. *Have you ever been discharged or suspended from any situation? If so, state particulars, when and where* No

11. *Have you ever been injured? If so, when* No *where* —

how —

and extent of injuries —

12. *Have you now or did you ever have any litigation with any railroad company or any one else?* No

13. *Have you ever been in the employ of the Chicago & North-Western Railway Company before? If so, state when, in what capacity, on what Division, and cause of leaving* Yes Sir Started Working for C&NW Ry Co at Rochelle Ills April 15th 1893. Selma Dion and hos not left their Service since that time.

14. *Do you use intoxicating liquors?* No

15. *Have you ever before made application for employment and been subjected to a physical examination?* Yes *If so, when* April 1893 *where* Rochelle *and by what physician was examination made* Dr Carlton *and were you accepted or rejected?* accepted

I hereby authorize this company and its officers, and the officers of any other company or firm by which I have been heretofore employed, to answer any or all inquiries as to my conduct and qualifications while in such service, and, so far as they may know, the cause of my leaving the same.

16. *My hearing is* good, *and eyesight* good, *and I* am *able to distinguish colors.*

In consideration of my employment by said Company, I further agree that whenever I shall sustain any personal injury while in the service of said Company I will allow its surgeons and any medical examiners it may select to examine my person and body as often as the company may deem necessary in respect to the alleged injury, and I hereby waive all objections to such surgeons or medical examiners testifying whenever called upon by the company, and I further agree that my refusal to allow any such examination to be made or testimony to be given shall be a bar to the institution or prosecution of any action on account of such injuries, and any action pending at the time of such refusal shall at once abate in consequence thereof. And in the event of any suit or action against said company for injuries received, I hereby agree for myself, assigns, heirs, administrators or executors, in consideration of my said employment, that any physician or surgeon who may have attended or examined me may testify as to all facts in his knowledge, whether derived from the confidential relation of physician and patient or not, and I waive all objections to such physicians or surgeons so testifying.

Sign here .....

My present address is .....

Dated at ..... *this* ..... *day of* ..... *19*....

STATE OF .....
COUNTY OF ..... } ss.

..... being first duly sworn, says that he is the applicant named in the foregoing application, that said application has been read by him and is signed by him, that the answers to questions in said application are made in his own hand-writing and that each and all of said answers in said application are true.

Subscribed and sworn to before me this ..... day of ..... 19.....

.....
Notary Public.

I hereby acknowledge receipt of a copy of the rules and regulations for the government of employes of the operating department of the Chicago & North-Western Railway Company, and all amendments thereto, and also a copy of the current time table, and agree to familiarize myself with and observe all the same, and to keep advised of such amendments to said rules as may be hereafter made, and have had explained to me the dangerous nature of the service in which I am about to engage. I have been notified that there are buildings, coal chutes, signal posts, switch stands, round house doors and other obstructions dangerously close to the tracks, and that I am required to look out for them and avoid danger, which I fully appreciate.

Dated at ..... this 16th day of May 19 1X

.....

Surgeon's Certificate.

To be filled out and signed after a **PERSONAL** examination by any of the Company's surgeons, at any of the following designated points:—Chicago, Harvard, Janesville, Milwaukee, Fond du Lac, Oshkosh, Green Bay, Sterling, Peoria, Belvidere, Clinton, Cedar Rapids, Belle Plaine, Des Moines, Boone, Carroll, Missouri Valley, Council Bluffs, Mason City, Blue Earth, Tama, Eldora, Eagle Grove, Lake City, Sioux City, Baraboo, Manitowoc, Kaukauna, Antigo, Ashland, Escanaba, Ishpeming, Iron Mountain, Winona, Rochester, Waseca, Tracy, Huron, Omaha, Fremont, Norfolk, Long Pine, Chadron, Deadwood, Douglas, Casper, Pierre.

The following is the report of the result of my examination of Mr. E.H. Lane.

TO BE SIGNED BY APPLICANT IN PRESENCE OF EXAMINER.

1. *When placed at a distance of twenty (20) feet from the test types, the last five (5) letters read correctly by the applicant are*

Right Eye 20/ 25

Left Eye 20/ 30 20

Both Eyes 20/20

2. A. *The applicant selects skeins numbered as follows, as being of the same color as test skein A:*

Correct

B. *The following as being of the same color as test skein B:*

Correct

C. *The following as being of the same color as test skein C:*

Correct

3. *The applicant hears the tick of a watch with the right ear at* 20 *inches; with the left ear at* 15 *inches. For ordinary conversation at a distance of twenty (20) feet, the hearing is* 20/20 *(expressed in fractions).*

I find that there is evidence of ~~no~~ *successful vaccination; that he is not suffering from any disease or disability other than noted, and that he does not manifest any evidence of an abuse of intoxicating liquors.*

I hereby certify that, having examined him for defects of vision, color perception and hearing, and for other physical defects, I find him {qualified / ~~disqualified~~} *to fill the position of* Station Agt

Disqualifying Defects .....

Defects that do not disqualify .....

Remarks: Hearing of watch not up to standard seemingly from cold in head

Examined by Jno F Taylor

Date of Examination May 16 19 1X *Surgeon at* Buda Ill

TO BE SIGNED BY SURGEON MAKING THE EXAMINATION.

No. .....

Chicago & North-Western Railway Company.

.....*Division.*

APPLICATION OF

E. N. Lane

.....

For position as agent

Dated ..... *19*....

Employed ..... *19*....

Approved .....

.....

This endorsement to be filled out and signed by Division Superintendent or Master Mechanic.

No. .....

MEMORANDA.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

387-1555